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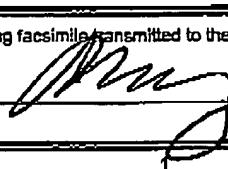
PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0091  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional) <b>416272003900</b>																								
Application Number <b>10/519,121</b>	Filed <b>September 16, 2003 (PCT/US03/29361)</b>																									
For <b>METHODS FOR MEASURING RATES OF REVERSE CHOLESTEROL TRANSPORT IN VIVO, AS AN INDEX OF ANTI-ATHEROGENESIS</b>																										
Art Unit <b>1638</b>	Examiner <b>C. Collins</b>																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;"><u>Fee</u></th> <th style="text-align: right;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$120</td> <td style="text-align: right;">\$60</td> <td style="text-align: right;">\$ 60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$450</td> <td style="text-align: right;">\$225</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1020</td> <td style="text-align: right;">\$510</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1590</td> <td style="text-align: right;">\$795</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2160</td> <td style="text-align: right;">\$1080</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to          Deposit Account Number <b>03-1952</b> I have enclosed a duplicate copy of this sheet. Fee          Transmittal form (PTO/SB/17) is attached to this submission in duplicate.       </p>				<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
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<p>I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.          Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input type="checkbox"/> attorney or agent of record. Registration Number _____  <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.          Registration number if acting under 37 CFR 1.34 <b>38,651</b></p>																										
<p><u>Michael R. Ward</u> <b>June 5, 2006</b>          Signature Date  <b>Michael R. Ward</b> <b>(415) 268-6237</b>          Typed or printed name Telephone Number</p>																										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <b>1</b> forms are submitted.</p>																										
<p style="text-align: right;"><b>06/07/2006 BABRAHA1 00000047 031952</b>  <b>01 FC:2251 60.00 DA</b></p>																										

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (671) 273-6300, on the date shown below.

Dated: June 5, 2006Signature: 

(Leah Kjellen)

sf-2137438